## INFORMATION DISCLOSU CITATION

(Use several sheets if necassary)

Docket Number (Optional)	Application Number			
SSV-834	10/004,511			
Applicant(s) Shannon Morris				
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Filing Date	Group Art Unit			

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				U.S. PATI	ENT DOCUMENTS						
•EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE		NAME		SUBCLASS	FILING DATE IF APPROPRIATE			
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	OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages. Etc.)										
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EXAMINE	EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not										

Form PTO-A820 (also form PTO-1449)

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P09A/REV04

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